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ABSTRACT

This two-year project demonstrated a model for preventing the removal of children from their homes, with the aim of reducing both the number of children entering foster care and the number of families recycled through the child protective services system. The project was a joint effort by the Texas Department of Human Services (DHS) Region 11 child protective services programs from Harris and Montgomery counties and the DePelchin Children's Center in Houston. Intervention focused on helping families learn new ways to solve typical family problems. Parts I and II of the report provide, respectively, a process description and an impact evaluation of project outcomes for the period between September, 1984, and August, 1986. The process description focuses on the background and origin of the project, first- and second-year operations and accomplishments, issues, and problems. The impact evaluation of the project compares the intensive intervention provided by DHS with similar services provided by the private contractor, DePelchin Children's Center, and with standard DHS protective services. Results indicated that while costs of intensive services were higher than for DHS standard services, the lower rate of removals and recidivism in intensive services cases resulted in lower cost for foster care and additional casework. Cost differences between intensive intervention provided by DePelehin and DHS were negligible. Appendices provide case summaries and the screening and impact evaluation forms used in the project. (RH)

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Innovations in Protective Services

P.L. 93-247 Grant Award #06C23/10

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FINAL REPORT

Family-Centered, Home-Based Intervention for Protective Service Clients Project

September 30, 1986

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The views expressed herein are those of the authors and do not necessarily reflect the official position of the Office of Human Development Services of the U.S. Department of Health and Human Services.

FAMILY-CENTERED, HOME-BASED INTERVENTION PROJECT FOR PROTECTIVE SERVICES CLIENTS

Final Report

September 1, 1984, through August 31, 1986

September 30, 1986

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GENERAL INTRODUCTION

In the past year, the Texas Department of Human Services (DHS) conducted eight projects that present creative ideas to develop, strengthen, and carry out programs for prevention and treatment of child abuse and neglect. (Project titles and locations are shown in figure 1.)

PROJECT GOALS

The goals of the eight projects, funded by Part I of the Child Abuse Prevention and Treatment Act (Public Law 93-247, as amended), are as follows:

- o developing innovative child abuse and neglect programs using volunteer and private agencies;
- o developing innovative child abuse and neglect programs for adolescents;
- o strengthening the quality of child abuse and neglect services through competency-based and specialized training programs and through automated performance tracking;
- o developing an Interagency Child Abuse Network (ICAN) in conjunction with the criminal justice system; and
- o developing models and program designs for planning and delivering child abuse and neglect services and for allocating resources.

PROJECT NAME AND TYPE OF REPORT

This report is one in a series of eight separately packaged reports on the following demonstration projects, five of which are ending this year (final reports) and three of which will continue for another year (annual reports):

- o Child Abuse and Neglect Prevention (final report);
- o Advanced Job Skills Training (annual report);

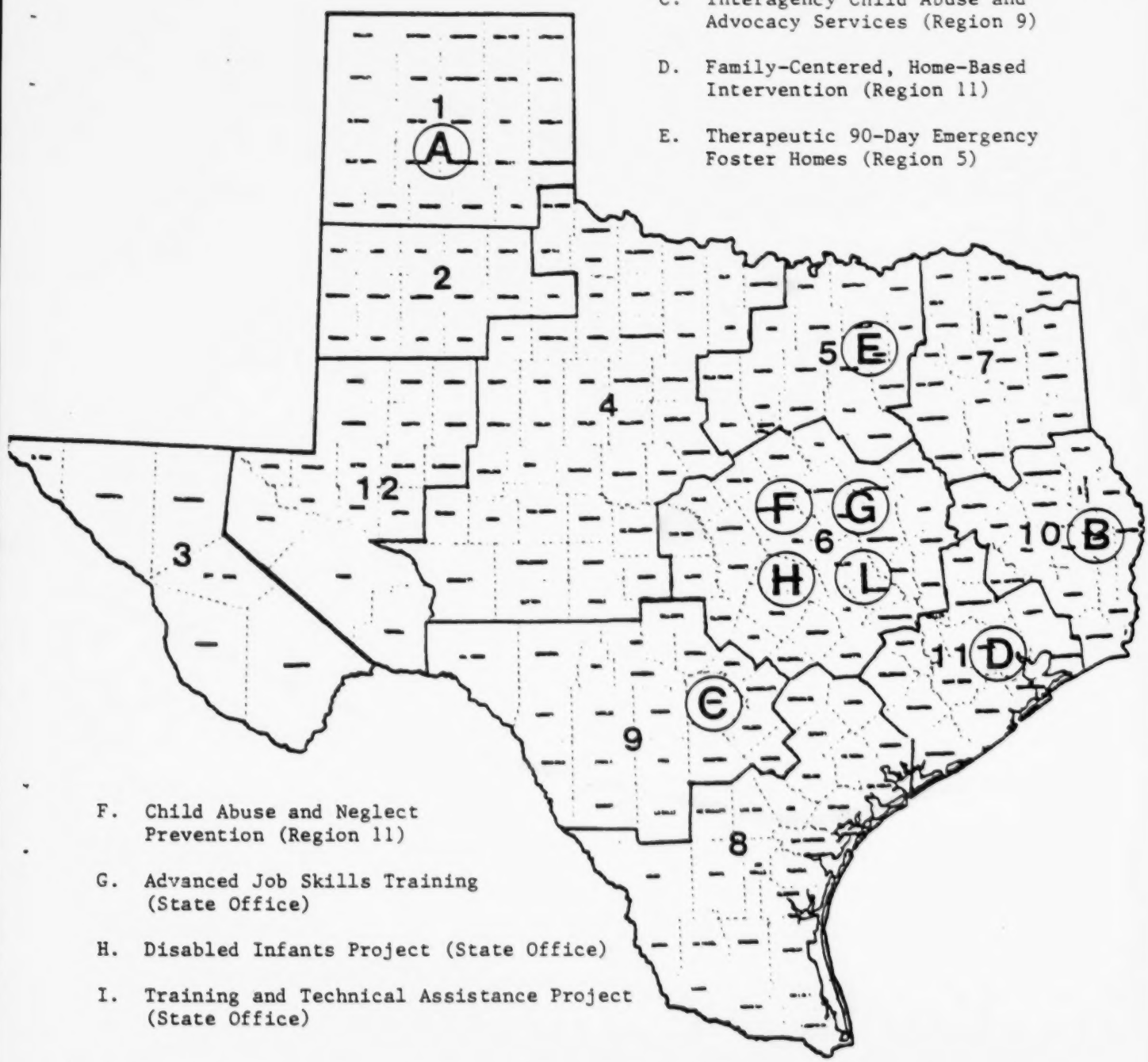

Figure 1. Location of projects by DHS region (or state office--located in DHS Region 6)

- Family-Centered, Home-Based Intervention for Protective Services Clients (final report);
- Automated Performance Tracking and Productivity Improvement (final report);
- Life Skills for Adolescents (final report);
- Therapeutic 90-Day Emergency Foster Homes (final report);
- Interagency Child Abuse Network (annual report); and
- Advocacy Services (annual report).

SELECTION AND ADMINISTRATION

Priorities from DHS's long-range plan provided the basis for selection of the eight projects to be demonstrated, and project results will be used in planning improvements in systems for delivering child protective services (CPS).

Six projects were managed by various DHS regions, and two were run by the Protective Services for Families and Children (PSFC) Branch at DHS headquarters in Austin

Three of the projects--Interagency Child Abuse Network, Advocacy Services, and Family-Centered, Home-Based Intervention--were cooperative ventures between DHS and community-based organizations (for the first two projects, with the Alamo Area Council of Governments and the Bexar County District Attorney's Office of San Antonio; for the third project, with DePelchin Children's Center of Houston).

The Automated Performance Tracking and Productivity Improvement Project was conducted in DHS's Region 10, the Life Skills for Adolescents Project in Region 1, and the Therapeutic 90-Day Emergency Foster Homes Project in Region 5.

The projects entitled Child Abuse and Neglect Prevention and Advanced Job Skills Training operated out of the PSFC Branch at DHS headquarters in Austin.

FOR MORE INFORMATION

Each of the eight annual or final reports may be obtained by contacting--

Texas Department of Human Services
Office of Strategic Management, Research, and Development
P.O. Box 2960--Mail Code 234-E
Austin, Texas 78769
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ACKNOWLEDGMENTS

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Twila Ross and E. Lane Coco of the DePelchin Children's Center in Houston and Suzette Marshall and Carol Watts of DHS were responsible for day-to-day operations of the project. Gene Daniel and Liz Brandt provided regional administrative support. Joe Papick, program specialist, served as program liaison with the Protective Services for Families and Children (PSFC) Branch at headquarters in Austin. Special appreciation is accorded to child protective services specialists in the regional DHS office in Harris and Montgomery counties, who referred suitable families to the project's intervention team.

From the Office of Strategic Management, Research, and Development (SMRD)--headed by Murray A. Newman, Ph.D.--efforts were contributed by several members of SMRD's Special Projects' Division, which is administered by Alicia Dimmick Essary. Pat Conway wrote the original grant proposal. Clare-Marie Karat, evaluation specialist, prepared the original evaluation plan. Kerry Washburn, evaluation specialist, prepared the impact evaluation report. Lucretia Dennis-Small, project specialist, provided support to project staff, prepared the process evaluation, wrote reports to funding sources, and arranged for nationwide dissemination of the annual report. Nicholas Constant, Phyllis Jamar, and Peggy Borgfeld of the Technical Communications Section contributed to the good quality of project documents.

EXECUTIVE SUMMARY

The Family-Centered, Home-Based Intervention Project for Protective Services Clients was conducted by the Texas Department of Human Services (DHS). The two-year project was a joint venture between DHS Region 11 (Houston) and DePelchin Children's Center.

The project demonstrated a model of intensive intervention with families who had been refered to DHS's child protective services (CPS). DHS employed two CPS specialists to staff the project, and DePelchin provided three caseworkers during the first project year and, because of funding constraints, two caseworkers in the project's second year.

During the project, cases were assigned randomly to either DHS or DePelchin members of the team. However, when a case was assigned to a DePelchin staff member, a DHS staff member remained involved, in order to fulfill DHS's responsibility under state law for intervening in cases of child abuse and neglect. This involvement consisted of at least one quarterly visit by the DHS team member.

A cost analysis of services was conducted by DHS's Office of Strategic Management, Research, and Evaluation. The cost analysis is included in the project's impact evaluation (Part II of this report).

The impact evaluation compared intensive services provided by DHS, standard DHS protective services, and intensive services provided by DePelchin staff. Main points of comparison were the frequency of removals and the rate of recidivism. Cost comparisons indicated that while the per-family cost was higher for intensive services than for DHS standard protective services, the low frequency of removals in intensive services cases resulted in lower cost for foster care and additional casework. Cost differences between intensive intervention provided by DePelchin staff and DHS project staff were negligible.

PART I

PROCESS DESCRIPTION

Family-Centered, Home-Base Intervention Project
for Protective Services Clients

BACKGROUND AND ORIGIN

In public human services agencies, high levels of stress and large caseloads prevent caseworkers from focusing on preventive activities for families at risk of abusing or neglecting their children. Typically, these agencies have to focus on short-term intake, assessment, case management, and referral. Consequently, families whose children are at risk of being removed because of abuse and neglect may not receive services until the situation has deteriorated substantially.

THE PROBLEM OF RECURRING ABUSE AND NEGLECT

The Texas Department of Human Services (DHS), the agency responsible for serving families referred because of abuse and neglect, finds that the same families are referred repeatedly by a variety of sources. Families currently being followed continue to be referred, and families that are thought to be stabilized and whose cases are closed return periodically.

Recidivism of these two kinds is a common pattern in two Texas counties--Harris and Montgomery. Nearly 30 percent of the children placed in protective custody in these two counties were already being carried on a protective services case load.

TREATMENT THAT KEEPS FAMILIES INTACT

The Family-Centered, Home-Based Intervention Project for Protective Services Clients was set up to demonstrate one model for preventing the removal of children from their homes. The project was a joint effort by (1) DHS Region 11 child protective services (CPS) programs from Harris and Montgomery counties and (2) the DePelchin Children's Center (DCC) in Houston.

The project was intended to help families learn new ways to solve typical family problems. These new problem-solving abilities were designed to help reduce the number of children entering foster care and to prevent disruption of their lives. To participate in the project, a family had to voluntarily accept home-based intervention. There were no legal requirements to ensure a family's participation.

Joint responsibilities for serving the project's clients were divided as follows: two CPS specialists from DHS served on the home-based intervention team, and DCC, under its contract with DHS, contributed two caseworkers to the team. These four personnel delivered home-based services to CPS clients who participated in the project.

FIRST-YEAR OPERATIONS AND ACCOMPLISHMENTS

GOAL AND OBJECTIVES

During its first year, the project demonstrated a model for family-centered, home-based intervention as one means of preventing the removal of children from their homes. The target population included families whose children were at risk of removal because of abuse and neglect but who were not currently in immediate danger. The family-centered, home-based model is one way to address the goal of reducing (1) the number of children entering foster care and (2) the number of families recycling through the child protective services system. The project also provided the opportunity to assess the service delivery system.

The project objectives were to--

1. reduce the number of children removed from their families;

2. establish advocacy program(s) to provide needed community resources to CPS clients;

3. establish method(s) for improving parenting and household management skills of CPS clients;

4. reduce recidivism (i.e., the referral of a family that had been previously referred to DHS because of abuse and neglect); and

5. compare the cost-benefit of direct provision of services by DHS with provision of services through outside contractors.

FIRST-YEAR DESIGN

During the project's first year, the method of intervention and the identity of service providers were important considerations. The project compared CPS services performed by three groups:

- three DePelchin members of the intensive intervention team;
- two DHS members of the intensive intervention team; and
- standard CPS units in DHS.

INTERVENTION MODEL

The model for intervention employed the following strategies:

- The home-based intervention model emphasized reaching the family immediately after the referral. Team members felt that families were more receptive to intervention during a crisis than they otherwise would have been. Families and team members developed treatment goals and agreed on problem areas to work on together.
- After initial contact, team members were available to families in their homes four to five times a week at

any hour during the day or night. They scheduled counseling sessions with the entire family and with individual family members as needed. During these counseling sessions, team members emphasized that each family member should become involved in putting his or her treatment plan into operation. The project's model stresses the belief that such involvement is essential if the family is to gain functional independence.

- Family members were encouraged to participate in the treatment plan on their own "turf"--in the home. This approach eased the tension of having a stranger intervene in their lives and allowed the CPS specialist and DCC caseworkers the chance to make more accurate assessments of the family's problems and interactions.

- Intervention team members provided a variety of services to families in the project. They taught them parenting techniqes, skills for managing children and a household, and how to improve their communication skills. Other services provided directly or through referrals included employment services, marriage counseling, assertiveness training, and legal and medical services.

Families in the Project

The following eligibility criteria were used for accepting families into the project:

- parents did not want children removed from the home,
- parents had no psychosis of a chronic nature,
- parents were not severely retarded,
- children were not in a life-threatening situation, and
- children were at risk of being removed.

The project's five-member intervention team came in contact with 52 families who had been referred to DHS because of alleged child abuse or neglect. The 52 families included 64 adults and 106 children.

DHS team members delivered intensive services to 20 families and terminated services to 8 families they believed could function independently. DCC team members delivered intensive intervention to 32 families and terminated services to 16 families they believed could function independently.

The families exhibited numerous problems, of which child abuse or neglect was only one, and had multiple needs that required referral to two or more additional community resources.

The five-member intervention team met twice a month to confer about current case situations and to address presenting problems. During these case conferences, the intervention team members exchanged ideas and suggested intervention techniques. Team members thought these discussions were invaluable and contributed greatly to successes they experienced in case interventions. Appendix A contains summaries of two typical cases.

Advocacy Programs

The project team members recruited and trained volunteers to help provide services (such as modeling the skills needed in managing a household and children). Although the volunteers were important in helping families involved in the project, the team's efforts focused on accessing established community resources. Team members found that having a limited caseload allowed more time to identify what resources were available to meet the needs of their families.

Team members also obtained donations of food and gifts to help project families. Utility and rent payments were donated frequently by community agencies.

Parenting and Household Management Skills

Team members and homemakers (paid and volunteer) counseled families in household management techniques and parenting skills. They discussed and modeled child management and disciplinary alternatives with most of the families involved in the project. Systematic Training for Effective Parenting (STEP) and Parent Effectiveness Training (PET) were used as guidelines in teaching parenting techniques. These techniques were taught both in homes and in classroom settings.

COST-BENEFIT ANALYSIS AND RESULTS (FIRST YEAR)

A cost-benefit analysis was conducted by the Office of Research, Demonstration, and Evaluation (now called Strategic Management, Research, and Development--SMRD). The analysis compared the direct provision of services by DePelchin Children's Center, the outside contractor.

Removals and Recidivism

Children were removed from their homes in 2 (10 percent) of the 20 families served by the DHS intensive intervention unit. In contrast, 10 (23.3 percent) of the 43 cases assigned to DHS standard services units resulted in removals. The frequency of removals for the DCC unit was about the same as that observed for the DHS intensive services unit: removals occurred in 3 (9.4 percent) of the 32 families served by DCC. The total number of children removed was 5 for the DHS intensive intervention unit, 20 for the DHS standard services units, and 7 for the DCC unit.

During the 12-month period, cases were closed in 8 of the families served by the DHS intensive unit, 16 families served by DCC, and 14 families assigned to DHS standard services. Recidivism was documented for only one of these cases, a family that had received DHS standard protective services.

Cost of Services

The cost of services for all project cases, the average cost of services for one case, and the additional cost of casework and foster care resulting from removals and recidivism are shown for each service delivery group in table 1.

Table 1. Cost of Services

Service Group	All Project Cases	Average Per Case	Foster Care & Extra Casework Avg. Per Case
DHS standard services	$ 40,544	$ 943	$3,015
DHS intensive intervention	101,439*	5,072	1,618
DCC intensive intervention	119,555+	3,736	1,415

*This amount includes $31,914 in P.L. 93-247 state grant funds and $69,525 in in-kind contributions.
+This amount includes $77,384 in P.L. 93-247 state grant funds and $42,171 in in-kind contributions.

The direction of the difference in cost between DHS intensive intervention and DHS standard services depended on the particular cost measure. The average cost of services for one family was 438 percent higher for DHS intensive services than for DHS standard protective services. However, because removals were much more frequent in cases that received standard protective services, the estimated average additional cost resulting from removals and recidivism was much greater (86 percent higher) for the DHS standard intervention units.

The differences in cost between the DHS intensive intervention unit and the DCC unit were smaller than those observed for the two DHS units. The average cost of DHS intensive services for one case was 36 percent higher than that of DCC intensive intervention for one family; and, because more children were removed from families served by the DHS unit,

the estimated additional cost of foster care was greater (by 14 percent) for the DHS unit.

Limitations of the Analysis

The evaluation results are subject to several limitations. First, since the number of clients was too small for formal statistical analysis, the results on the impact of the intensive services are limited to descriptive information.

A second limitation concerns the project schedule's effect on observed results. To the extent that the effects of intensive services are long-term in nature and are not measurable during the project time frames, the impact of intensive services is underestimated in the evaluation.

Finally, the project is based on existing staff training and skills, client needs, and situational factors in Region 11. Observed effects may be generalizable only to areas with similar characteristics, staff training, and client needs.

UTILIZATION AND DISSEMINATION ACTIVITIES

On March 3-5, the project supervisor from DCC made a presentation about the project at the "Children Who Wait" Conference held in Austin. The project staff presented case summaries to headquarters staff from ORDE and from DHS's Protective Services for Families and Children (PSFC) Branch.

Project staff made presentations to local schools, hospitals, and the news media. They also prepared an abstract of the project and submitted it to be considered for presentation at the National Association of Social Workers Conference in Chicago.

The project's annual report was accepted by the Clearinghouse on Elementary and Early Childhood Education and appeared in the April 1986 issue of its monthly abstract journal, Resources in Education (RIE).

SUMMARY OF FIRST-YEAR OPERATIONS

During the project's first year, intervention team members provided a variety of services to families in the project. Some of the services included (1) instruction in parenting and communication skills and (2) referral to employment services.

The project team members recruited and trained volunteers to help provide services (such as modeling the skills needed in managing a household and children). Team members found that having a limited caseload allowed them more time to identify what resources were available to meet the needs of families in the project.

A cost-benefit analysis was conducted by evaluation staff from DHS's central office in Austin.

SECOND-YEAR OPERATIONS AND ACCOMPLISHMENTS

GOAL AND OBJECTIVES

The goal and objectives for the project's second year remained the same as for the first. The project's goal was to implement and test a model of family-centered, home-based intervention as an effective way to prevent the initial removal of children from their homes and to prevent recidivism. The target population consists of families with children at risk of removal because of abuse and neglect but not in immediate danger.

The objectives for the second project year were--

1. to reduce the number of children removed from their families;

2. to establish advocacy program(s) to provide needed community resources for CPS clients;

3. to establish method(s) for improving the parenting and household management skills of CPS clients;

4. to reduce recidivism (i.e., a referral on a family that had been previously referred to DHS because of abuse and neglect and whose case had been closed); and

5. to compare the cost-benefit of direct provision of services through outside contracts.

SECOND-YEAR DESIGN

During its second year, the project compared CPS services performed by three groups:

- o two DePelchin members of the intensive intervention team;
- o two DHS members of the intensive intervention team; and
- o standard CPS units in DHS.

ACCOMPLISHMENTS (SECOND YEAR)

Families in the Project

The eligibility criteria for accepting families into the project remained the same as the first year:

- o parents did not want children removed from the home,
- o parents had no psychosis of a chronic nature,
- o parents were not severely retarded,
- o children were not in a life-threatening situation, and
- o children were at risk of being removed.

During the project's two years, team members served 278 children and 141 adults. Of the 278 children, 30 were removed from their homes because of continued physical or emotional abuse. Of these 30 children, 26 were placed in DHS-licensed facilities, and 4 were placed with relatives (for more information about the number of clients served, see Part II, Impact Evaluation).

Advocacy Programs

Throughout the project's second year, team members continued to act as liaisons between project families and community organizations.

The DCC and DHS teams developed various resources for financial aid to project clients (e.g., help with rent payments, utility bills, etc.) with a Christian community services facility supported by 11 churches of various denominations. This organization assisted families in the project with food, clothing, household items, and financial needs. One church provided Christmas gifts to 25 families in the project and proved a valuable resource for other needs of project families.

A local parent-teacher association also assisted families in the project with shoes for children and other school expenses.

In addition, project staff referred clients to therapy groups conducted at DCC.

Household Management Skills

Parenting techniques--Systematic Training for Effective Parenting (STEP) and Parent Effectiveness Training (PET)--continued to be used as guidelines in teaching age-appropriate alternatives to physical discipline. Team members and homemakers modeled household management and parenting skills.

Case Recividism

Whenever the CPS intake units in DHS's regular program received a referral on a project case, they investigated and took appropriate action (e.g., the intake was either validated or shown unfounded), and project team members were informed about the disposition of the case. (Part II, Impact Evaluation, gives statistics on case recidivism for this two-year project.)

UTILIZATION AND DISSEMINATION ACTIVITIES (SECOND YEAR)

Therapist Conference

On January 27, 1986, both project supervisors gave a presentation at the Texas Association of Marriage and Family Therapists Conference.

Presentation

The CPS supervisor from DHS gave a presentation at the Houston Child Guidance Center entitled "Alternative to Institutionalizaton." At this presentation, the project's goal and objectives also were discussed.

The New Unit

In June, Harris County established a CPS unit that will deliver family-centered, home-based intervention as an ongoing CPS service. The two CPS specialists in the project were assigned to this newly established unit, whose supervisor will devote full time to home-based intervention activities. In addition, five other CPS specialists will work full time on home-based intervention with CPS clients. The regional program director states that this new unit came about as a direct result of her findings and observations on the P.L. 93-247 demonstration project.

The new unit will operate in this manner--

- o An intervention model has been researched and chosen: the unit will limit intervention to six months (preferably three to four months) and will use a short-term, crisis-oriented family therapy model to work with clients.

- o Caseloads will be limited to 7 to 10 families per CPS specialist.

Interstate Participation

The New Jersey Division of Youth and Family Services asked Texas to take part in a project entitled "Performance Contracting: A Preventive Service Model to Manage Preplacement Prevention Services." The project collected data about case composition, service provision, and outcome measures for home-based intervention. Texas agreed to serve as a pilot site to collect these data from cases in its home-based intervention project.

ISSUES AND PROBLEMS

Although project staff felt good about their accomplishments, they found some problems in the areas described under seven following subheadings.

START-UP

Some project staff felt that the project started without enough planning. They felt the project was structured too loosely and did not offer the guidance they needed in the early stages of the project. Participants suggested that the following changes would have been beneficial to project operations:

- o use of a clearly defined model that was commonly understood by both DCC and DHS staff;

- o contracted services of a licensed family therapist to serve as a consultant for project staff and to oversee clinical work;

- o stated time frames for length of involvement with families in the project; and

- o a clearly defined and commonly understood system for handling reporting of abuse/neglect in families already in the project.

Other project participants felt that the loose structure allowed flexibility and encouraged changes when certain operations were not achieving the desired results.

FUNDING

In the first project year, the amount of funding and its distribution caused some confusion for the contract agency and DHS.

DUAL RESPONSIBILITIES

During the two-year project, the DHS supervisor had responsibility for project staff--two CPS specialists--and for a regular DHS unit containing six CPS specialists. It was difficult for her to dedicate as much time and energy as was needed to ensure the proper functioning of both groups. This condition caused frustration on the part of the supervisor and her project workers.

COMMUNICATION

Throughout the project, the DHS project supervisor constantly reminded regular DHS supervisors of the need to put forth extra effort to ensure communication with the project. There were some instances of little or no communicat-

ion between the project supervisor and DHS regular supervisors. In these instances, the data needed to record project activities were late, and the project supervisor spent a lot of time trying to accurately record data to submit to the project evaluator in DHS's state office.

DATA COLLECTION

The DHS supervisor also had the responsibility of data collection for the project's evaluation. Throughout the project, she regularly met with or telephoned other DHS supervisors to remind them to send control cases to her for forwarding to central office in Austin. In most instances, the cases were forwarded to her later than the agreed schedule.

The DHS supervisor attributed these late deliveries to the fact that other supervisors viewed data collection as a low priority. They preferred giving attention to their casework duties. Both DCC and the DHS regular program could have paid more attention to the timeliness with which data were collected and forwarded to the evaluator in Austin.

DURATION OF CASE INTERVENTION

Project participants had no clear-cut guidelines for the maximum time they should intervene in the lives of families. (Cases typically were opened for periods ranging from 3 to 14 months.) Participants believed they spent a lot of time creating dependency and a lot of time getting out of the situation created.

OUTCOME MEASURES

Initially, the project had no real way of measuring case outcomes. Later in the project, these outcome measurements were established but as a kind of afterthought.

CONCLUSIONS

PROJECT GOAL

The Family Centered, Home-Based Intervention Project for Protective Services Clients, a two-year demonstration, was conducted by (1) the DHS Region 11 CPS programs in Harris and Montgomery counties and (2) the DePelchin Children's Center (DCC) in Houston. Throughout the project, intervention team members worked to keep children in their homes and reduce the number of families re-entering the child protective services (CPS) system.

OBSERVATIONS OF PROJECT PARTICIPANTS

Participating staff believe the project showed that public and private social services can work together effectively. Staff also made the following observations:

- Selection of social workers for such a project is the key to its success. While an advanced degree is not essential, the social workers must possess a positive attitude about the value of keeping families together. They must have a commitment to working hard to promote the family system and the background and talent to work with families in the CPS system.

- Some procedural problems could have been avoided if administrators from both agencies had met regularly to discuss project operations. Instead, administrators only met to solve problems.

- Throughout the project, communication and flexibility proved to be essential for successful operation. DCC and DHS worked together to accomplish project goals. The two organizations feel strongly that the start-up of a new intensive intervention unit in DHS's Region 11 is proof of the project's value.

PART II

IMPACT EVALUATION REPORT

Family-Centered, Home-Based Intervention Project for Protective Services Clients

September 1986

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EVALUATION SUMMARY

The Family-Centered, Home-Based Intervention Project was implemented in Region 11 of the Texas Department of Human Services (DHS) to test a model of intensive services for abused and neglected children and their families. The model includes a variety of family-centered services designed to solve family problems that cause abuse and neglect, to prevent removals of children from their homes, and to reduce recurrence of abuse and neglect.

The impact evaluation of the project compared intensive intervention provided by DHS to intensive services provided by a private contractor (the DePelchin Children's Center), and to standard DHS protective services. Variables for the comparisons were frequency of removals, rate of recidivism, cost of services to families, and additional cost of foster care and casework incurred as a result of removals and recidivism. The time period for the evaluation was September 1984 through August 1986.

Rates of removals and recidivism for the 2-year period were lower for families that received DHS intensive intervention than for families receiving DHS standard protective services; however, the differences were not statistically significant. Frequencies of removals and recidivism for contracted intensive services were about the same as those observed for DHS intensive intervention. The cost comparisons indicated that while the per-family cost of DHS intensive intervention itself was much higher than that of DHS standard protective services, the comparatively low rate of removals and recidivism in intensive intervention cases resulted in a lower average cost of foster care and additional casework. Differences in cost estimates between contracted intensive services and DHS intensive intervention were negligible.

EVALUATION OVERVIEW

The impact evaluation of the Family-Centered, Home-Based Intervention Project was designed to (1) assess the effects of the project's intensive services on protective services cases, (2) evaluate the cost-effectiveness of the project model, and (3) compare intensive services provided by a contractor to intensive intervention conducted by DHS with respect to their effects on cases and cost. Data were gathered on the frequency of removals of children from their homes, the rate of recidivism, and the cost of services for project cases.

Thus, the evaluation addressed the first, fourth, and fifth objectives of the project (see Part I, Process Evaluation, for documentation on objectives 2 and 3).

METHODOLOGY

DESIGN

The evaluation employed a posttest-only control group design, involving comparisons of three groups of families that received protective services in Harris and Montgomery counties in DHS Region 11. One group was served by a specialized DHS unit that provided intensive intervention services, and one received specialized intensive services from a private agency (DCC) under a contract with DHS. The third control group received standard protective services from one of eight DHS units.

For each group, data were collected on recidivism (new, valid reports of abuse or neglect on closed project cases); number of removals of children from their homes; and cost of services to families during the two-year project period. Cost of services was measured in three ways: (1) total cost of project services to all project clients, (2) average cost of services for one family, and (3) average cost per family of foster care and protective services casework resulting from removals and recidivism.

The group that received DHS intensive services was compared to each of the other groups on each measure. The comparisons between the DHS intensive intervention group and the group that received intensive services from DCC comprised the assessments of relative effects and cost of contracted and directly delivered intensive services. The comparisons of the two DHS groups constituted the evaluation of the impact and cost of intensive services compared to standard protective services.

PROJECT CLIENTS

The cases selected for the project were a subset of all protective services cases served in the project's geographic area between September 1984 and August 1986. Criteria for selection were (1) that a child was at risk for removal because of abuse or neglect but was not in immediate danger and (2) that the parent(s) in the home showed no evidence of incapability or unwillingness to solve family problems.

Intensive intervention experts had identified these criteria as critical to the success of the intensive services.

The screening and selection process included recording of pertinent case information on a standardized form (see Appendix B for a copy of the screening form). Recorded information included data relevant to the selection criteria (e.g., whether a parent was severely retarded, whether a parent wanted a child removed from the home, whether a child's life was threatened) as well as case identification and demographic information.

Project staff in the two intensive services units screened and selected the case that would receive intensive services during the project period, assigning cases that met the selection criteria alternately to the DHS intensive intervention unit or the DCC unit. Staff in the eight DHS units that provided standard protective services selected the families that comprised the control group from their active case files. Completed screening forms indicated that all cases in the control group met the project's selection criteria. However, it was project staff's opinion that for several of the families in the control group the abuse or neglect was not as severe, and hence the risk of removals was not as great, as it was for the families that received intensive services.

A total of 172 families were selected in the two-year period. Forty-six of the cases were assigned to the DCC unit, 41 were served by the DHS intensive services unit, and 85 received standard DHS protective services. The average number of children in each family was 3.01. Approximately 53 percent of the families were Anglo, 28 percent were Black, 15 percent were Hispanic, and 4 percent were of mixed or other ethnicities.

DATA COLLECTION AND ANALYSIS

Removals and Recidivism

Project staff obtained data on removals and recidivism from case files and the regional computer system in the last quarter of the project. For each case, data were gathered on the number of children removed from the home since the case was assigned to the project. For closed cases, staff also determined whether the case had been referred for protective services investigation since the closure date and if so the consequences of the investigation (the judgment concerning the validity of the referral and whether in-home services were provided).

These data were recorded on a standardized form (see Appendix B for a copy of the instrument).

Totals for the two-year project period were determined for each service delivery group for the number of cases resulting in removals of children, the number of children removed, and the number of closed project cases for which valid new reports of abuse or neglect were received. Appropriate tests of statistical significance were applied to the data on the number of cases resulting in removals and the number of closed cases that exhibited recidivism.

Cost of Services

The average cost of services to one family was derived for each service delivery group from budgeted project costs for fiscal years 1985 and 1986. For the two intensive intervention groups, these figures included P.L. 93-247 state grant funds and DHS in-kind contributions. For the control group, they represented DHS funds only. For each group, these costs covered project activities by caseworkers, their supervisors, and their support staff and time devoted to project administration by the DHS Region 11 program director for child protective services and her support staff. Costs for the DCC intensive services unit also included costs of project administration by DCC's program director and volunteer coordinator.

The specific cost components that were included in the calculations were staff salaries; fringe benefits (Social Security, retirement, and insurance contributions); travel costs; costs of supplies; and overhead. For each service delivery group, if any staff member was assigned less than full-time to the group's project-related work, cost components associated with that staff member were adjusted for the estimated proportion of time devoted to the project. For example, the supervisor of the DCC intensive services unit devoted an estimated 60 percent of her time to that unit; therefore, 60 percent of the cost components associated with her position were included in calculations of cost of DCC intensive services.

Data required for computing costs of project activities in the DHS intensive services unit were obtained from Region 11 program staff and state office budget staff. Costs of project services provided by staff in DHS standard services units were derived from (1) information on the units' total budgeted costs, supplied by Region 11 program staff and state office budget staff; (2) data on typical annual caseload, obtained from from regional administrative staff; and (3) information on work load distribution, obtained from state office case

activity data and program staff. DCC budget staff supplied data on costs of project services and administration by DCC. Costs of administration by DHS for each service group were obtained from Region 11 program staff and state office budget data.

For each service delivery group, the cost of services for all project cases was calculated as the sum of the costs of project activities and administration. Average cost of services to one family was computed on the basis of this total cost measure and the number of project cases served by the group.

An estimate of the additional cost per family of foster care and casework resulting from removals and recidivism was also computed for each of the three project groups. This cost figure was derived by manipulating data on removals and new referrals with estimates of--

- o average cost of foster care for one child in Texas ($6,470.29 in fiscal year 1985, $6,750.07 in fiscal year 1986);

- o average cost of casework and administration for one child in licensed substitute care ($5,082.48 in fiscal year 1985, $5,213.87 in fiscal year 1986); and

- o statewide average costs of casework and administration for investigation ($248.43 in 1985, $258.18 in 1986) and in-home services ($505.04 in 1985, $425.34 in 1986) for one protective services case.

Estimates of foster care costs were computed from information supplied by state office program and budget staff on the per-day cost of foster care for one child and the average duration of foster care. Cost figures for a DHS substitute care case were derived from (1) information on total budgeted costs (salaries, travel, etc.) for a substitute care unit and its administration, supplied by Region 11 administrative staff; and (2) state office program staff's data on the average amount of casework time required for one substitute care case. State office budget staff provided the cost estimates for protective services investigation and in-home services.

RESULTS

REMOVALS AND RECIDIVISM

Children were removed from their homes in 6 (14.6 percent) of the 41 families served by the DHS intensive intervention unit, and in 9 (19.6 percent) of the 46 families served by DCC; the difference between these groups was not significant. Removals were relatively frequent in the standard DHS protective services cases: children were removed in 21 (24.7 percent) of the 85 families that received standard DHS services. However, the frequency of removals for this group was not significantly higher than that observed for families receiving DHS intensive services. The total number of children removed was 13 for the DHS intensive intervention unit, 17 for the DCC unit, and 45 for the DHS standard services units. A total of 6 of the removed children (3 who received DHS intensive intervention, 1 served by DCC, and 2 who received DHS standard services) were placed with relatives, and 4 (3 served by DCC and 1 who received standard DHS intervention) were placed in licensed private substitute care facilities. The remaining children were placed in state-funded foster homes or group facilities.

During the two-year period, cases were closed for 28 of the families served by the DHS intensive unit, 31 families that received DCC services, and 52 families that were assigned to DHS standard services. Of these families, new, valid reports of abuse or neglect were received on 2 DCC families (6.5 percent of the closed DCC cases), 1 DHS intensive services case (3.5 percent), and 7 families that received standard DHS services (13.5 percent). New reports were investigated for an additional 4 families (2 that received DHS intensive services and 2 assigned to standard DHS services); however, these reports were judged invalid. Although the rate of recidivism (valid new reports) for families that received standard DHS services was over twice as high as that observed for DHS intensive intervention families, this difference was not statistically significant. The recidivism rates for the two intensive services units were not significantly different.

COST OF SERVICES

Results of the cost calculations are shown in table 1. The average cost of project services for one family is presented for each group in the first column. The figures in the second column are the estimates of the average cost per project family of extra casework and

foster care resulting from removals and new referrals. The sum of these two estimates is presented for each group in the third column.

TABLE 1
Average Cost of Services for One Family
(in Dollars)

Service Group	Project Services	Foster Care & Extra Casework	All Services
DHS standard services	$ 781	$5,935	$6,716
DHS intensive intervention	5,102	2,927	8,029
DCC intensive intervention	4,638	3,679	8,317

The direction of the difference in cost between DHS intensive intervention and/or DHS standard services depended on the particular cost measure. The average cost of project services for one family was 653 percent higher for DHS intensive services than for DHS standard protective services. However, because removals and recidivism were much more frequent in cases that received standard protective services, the estimated average additional cost resulting from removals and recidivism was much greater (103 percent higher) for the DHS standard intervention group. In fact, the difference in cost associated with removals and recidivism nearly offset the large difference in cost of project services: when per-family costs of project services and extra casework and foster care were combined (last column in table 1), the estimate for the DHS intensive intervention group was only 19.6 percent higher than that for DHS standard services. However, recall that the cost estimates for foster care and extra casework were derived from the sample data on removals and new referrals. The differences between the two DHS groups on these variables were not statistically significant; therefore, these results should not be interpreted as conclusive evidence concerning the cost-effectiveness of intensive services.

The differences in cost between DHS intensive intervention and DCC services were considerably smaller than those observed for the two

DHS groups. The average cost of DHS intensive services for one case was only 10 percent higher than that of DCC intensive intervention for one family. Because more children were removed from families served by the DCC unit, the estimated additional cost of foster care was greater (by 26 percent) for the DCC unit. These differences are small and, because of the small number of families served by the intensive services units, highly dependent on caseloads. For example, if the DHS unit had served just 5 more cases, the per-family cost of project services would have been lower for DHS than for DCC. Therefore, the differences in cost between intensive intervention groups are best considered negligible.

LIMITATIONS

The evaluation results are subject to several limitations. The first concerns the project schedule's effect on observed results. To the extent that the effects of intensive services are long-term in nature and are not measurable during the project time frames, the impact of intensive services is underestimated in the evaluation.

Second, although the number of project clients was sufficient for statistical analysis, the group sizes were, by conventional standards, quite small. Also, project staff's observations concerning control group cases suggest that the DHS intensive intervention group and control group were not equivalent on relevant risk variables. It is possible that the lack of statistically significant differences between DHS groups on the impact variables was a consequence of the small sample or limited comparability rather than the lack of effect of intensive services.

Finally, the project is based on existing staff training and skills, client needs, and situational factors in Region 11. Observed effects may be generalizable only to areas with similar characteristics.

APPENDIX A

Case Summaries

Home Based Intervention
Project: Case #2

CASE SUMMARY

REASON FOR REFERRAL TO PROJECT:

The family was referred to Child Protective Services because, a 4 month old female had a freshly broken leg and 6 week old rib fractures. The father admitted to breaking the leg in rough play with the child. He was extremely remorseful and willing to work with the agency to keep child in the home.

FAMILY MEMBERS:

Father-age 26, mother-age 23, and the identified victim, a 4 month old, female.

PREVIOUS REFERRALS:

None

GOALS: Parent education, support services, monitor child's condition.

WORK WITH THE FAMILY:

During my initial work with the family I gathered a lot of family of origin information. The father had been raised by his God parents because, there was a lot of marital conflict and financial problems in his home. His siblings remained at home. He graduated from high school, was in the army and now drives a truck for a chemical company. His schedule varies greatly form week to week.

The mother was placed in a foster care in another state when she was 12 because her mother was going through a divorce and had an "emotional break down." She went from placement to placement and was on her own at 16. She has a GED and some college credits.

The mother and father had known each other for about a year. They married when she was 6 months pregnant. When the baby was born she quit her job as a secretary and her courses in college and hasn't returned.

My work with the family began with addressing some marital issues. The mother felt that she gave up her independence for her husband and the baby and that he has let her down. We worked on ways she could gain trust again. The father was fearful that his wife was going to leave him and had

become somewhat clinging. The couple married because of the pregnancy and much time was spent discussing their level of commitment to each other. During our intervention, each was able to assure the other of the commitment to the marriage.

The couple's expectations for each other were discussed and issues were somewhat resolved. They developed plans for themselves and the family and looked at their differences and and similarities.

The father started to look at his family of origin and initiated some contact with them. He visited relatives, got family history information and photographs. He began talking openly about some racial harassment he had experienced.

The mother looked at the dramatic changes in her lifestyle and how they had changed her relationship with her husband. Causes for the depression she had experienced since becoming pregnant were explored.

The mother was helped to see that there was a need for separateness as well as bonding in the mother-child relationship and specific exercises were given to help the couple with this.

Both parents were given information on child growth and development and helped to draw realistic expectations for the baby from this material. They were encouraged not to let other people interfere in what they know to be a good plan for the child. The father was having difficulty dealing with some well intended advice from some people at church on child rearing.

This case is still open and the couple is working on having more realistic expectations for themselves and the baby. The mother is giving up some fantasies about how she felt her life should have been. She is considering returning to her previous career and educational pursuits. To date, there have been no further incidents of abuse and the relative level of risk of injury to the child seems low. Because of the intensive services provided to them this family was spared the pain and hardship of removal of this child. The situation was very serious but, definitely workable. The plan is to close the case in September, 1986.

smp/8-29-86

CASE SUMMARY

REASONS FOR REFERRAL TO PROJECT:

The family was having difficulty dealing with a five year old severely retarded child. There have been some life threatening accidents. The five year old had been badly burned when her dress brushed a space heater. She was hit by a train when she was left in the care of an older sibling. Most recently, she drank lighter fluid.

The five year old was in an Early Childhood Program because of her retardation (48 I.Q.). The mother and the school were at odds with each other because the school felt the mother didn't want the child. They reported the family for sexual abuse, but no sexual abuse was validated. The five year old ran away form school and was found at a convenience store several blocks away, at one point, the mother was not going to send her back to school.

The home was dirty and there were many physical hazards to the child such as exposed wiring, broken glass, windows and doors without locks and toxic substances within the children's reach. Although she was intellectually impaired, the five year old was very active and agile. The case record showed the mother had difficulty caring for 's siblings when they were infants.

There were documented incidents where the children were not feed properly and didn't receive medical attention when needed. Concerns about the mother's emotional stability and intellectual capabilities were raised. The children's father had not been seen and it was felt he was relatively uninvolved in the children's life.

FAMILY MEMBERS:

Father-age 30, Mother-age 26, Female sibling-age 7, Male sibling-age 8, and identified Female victim-age 5.

PREVIOUS REFERRALS:

CPS records revealed these previous referrals:

11-78--Female sibling hospitalized for possible failure to thrive. Mother doesn't follow through with care.
05-79--Female sibling hospitalized again for failure to thrive.

09-80--Female sibling was not taken to medical appointment, possible failure to thrive.
02-82--Identified victim (female-age 5) burned while being watched by 3 year old sibling.
10-83--Identified victim left unattended and was hit by a train.
10-84--Identified victim drank lighter fluid.

GOALS:

To assist family, to explore and make the appropriate decision about living arrangement for this 5 year old retarded female. It was the school's opinion that the mother may need help in voluntarily placing the child in an MHMR facility.

WORK WITH FAMILY:

I met with the father and found him to be very concerned and invested in his family. He worked delivering furniture and had been employed steadily ever since he had formed a relationship with the identified victims mother. Through his company he had excellent medical coverage at an HMO (Health Maintenance Organization). He was not well educated and his financial resources were very limited, but did have some strengths. He and his wife agreed to have the five year old evaluated at MHMR for possible placement and support services. Previously, they had refused to do so.

I helped the family to understand the benefits available to them and encouraged them to access the medical services through the HMO. The child was evaluated by a pediatrician and neurologist and placed on medication for hyperactivity. Other family members also accessed the services of the HMO after they learned how to use them.

At first, work with school went slowly. Later, they agreed that their program was not meeting the child's needs, but offered no alternative services. The school was upset with the mother and this was a problem throughout.

The family was able to move into a nicer, larger apartment in a different school district. This additional living space relieved some stress and greatly improved the home's physical atmosphere. The new school immediately scheduled a meeting to discuss the child's needs for services. She was placed in a full day program, received speech therapy and made great strides in the remaining school year. The mother learned how to communicate with the school and work towards the child's best interest with them. She no longer viewed the school system as her adversary.

Getting the evaluation done through MHMR was quite a process. I was careful to involve the parents and let them do as much as they could to give information to those evaluating the child. The mother came to realize that this was an agency that provided services to the mentally retarded, and not one that wanted to take her child away. When the child was finally evaluated, the results were first explained to me and then in a meeting with both parents. MHMR recommended a residential school setting for the child but no placements of this type were available. When this was explained to the parents, the father spoke up and said they wanted the child to stay with them. They felt she could learn best at home where she was loved. MHMR agreed to provide support services to the family.

During my work with the family we explored how the child's mental retardation affected the family, what her limitations and special needs were and dispelled some of the guilt the parents felt regarding their daughter's condition. The issue of sexual abuse was fully explored and the results explained to the entire family and the school. The issue had come up several times because the child removes her clothes and likes to touch her genitals. No other indicators of sexual abuse were found. The parents needed support so they could see themselves as competent parents.

The mother also dealt with some problems in her family origin. They viewed her as the "black sheep" in the family. She was able to separate some more from them in a healthy manner.

When I closed the case, the family was still in the process of solving several problems, including a self inflicted injury the retarded child had sustained. The family agreed that they had the resources, both internal and external, to deal with problems as they came up. The case was closed June 1986 and there has been no further referral.

smp/8-28-86

APPENDIX B

Screening Form

FAMILY-CENTERED HOME-BASED INTERVENTION PROJECT

AGENCY NAME _____ DATE _____

ADDRESS _____ TELEPHONE NO. _____

_____ WORKER _____

DHR CASENAME _____ SSMS Case # _____

FAMILY SURNAME _____ RACE _____ MARITAL STATUS _____

FATHER _____ DOB _____ MOTHER _____ DOB _____

CHILDREN _____ DOB _____ / _____ DOB _____

_____ DOB _____ / _____ DOB _____

_____ DOB _____ / _____ DOB _____

_____ DOB _____ / _____ DOB _____

ADDRESS _____ TELEPHONE NO. _____

_____ _____

OTHER RELATIVES IN HOME _____

HCCPS CASE #_____ SUPERVISOR APPROVED _____ PHONE _____

REASON FOR REFERRAL (At Risk Of Being Placed And Why) _____

_____

_____

DOES FAMILY MEET ELIGIBILITY CRITERIA? (Specify if not applicable)

	YES	NO	UNKNOWN
1. Target child(ren) at risk of being placed.	___	___	_____
2. Target child(ren) are not in a life threatening situation.			
3. Family is in current caseload of Foster Care or Protective Services (does not have to be receiving aid payments). Specify ACTIVE _____ or CLOSED _____	___	___	_____
4. Parent(s) is/are not alcoholics or is/are successfully rehabilitating.	___	___	_____
5. Parent(s) is/are not drug addicts or is/are successfully rehabilitating.	___	___	_____
6. Parent(s) want child(ren) back.	___	___	_____
7. Parent(s) do not want child(ren) placed out of the home.	___	___	_____
8. Family has no history of severe abuse of a sadistic nature.	___	___	_____
9. Parent(s) have no psychosis of a chronic nature.	___	___	_____
10. Parent(s) are not severely retarded.	___	___	_____

FAMILY SITUATION

REPORTED NEEDS OF FAMILY

THREE GOALS REFERRING AGENCY WOULD LIKE F-CH-BIP TO PURSUE

1.
2.
3.

ADDITIONAL COMMENTS

Source of Income:

Nature of Court Involvement:

FAMILY-CENTERED HOME-BASED INTERVENTION PROJECT
1986 IMPACT EVALUATION
DATA COLLECTION FORM

1. Project Group: ☐1 DePelchin Children's Center
☐2 DHS intensive intervention unit
☐3 DHS control units

2. DHS casename _____, _____
Last First

3. Caseworker _____, _____
Last First

4. Date of assignment to project group _____

5. Since the case was assigned to a project group, have any of the children in the family been removed from the home and placed in substitute care?

☐1 Yes ☐2 No

→If yes, how many children were placed in substitute care?
_____ (PLEASE SPECIFY NUMBER)

6. Has this case been closed since it was assigned to a project group?

☐1 Yes ☐2 No (IF NO, STOP)

↓
(IF YES, ANSWER ITEM 7)

7. Has DHS received a new CPS referral on the family since the closure date?

☐ 1 Yes ☐ 2 No (STOP)

→ If yes, what happened as a result of the new referral? (CHECK ALL THAT APPLY)

☐ a. CPS investigation conducted

☐ b. investigation verified abuse or neglect

☐ c. in-home services provided

☐ d. other (PLEASE SPECIFY) _____

_____

_____

_____